

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	✓	67814	11/4/00
O.I.P.E. CLASSIFIER	=	16	11-1-00
FORMALITY REVIEW	-		
RESPONSE FORMALITY REVIEW	÷		

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Int.ference
-	(Through numeral)... Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	2/9/00
Original	2/9/00
0	0/00
1	✓ ✓ ✓
2	✓ ✓ ✓
3	✓ ✓ ✓
4	✓ ✓ ✓
5	✓ ✓ ✓
6	✓ ✓ ✓
7	✓ ✓ ✓
8	✓ ✓ ✓
9	✓ ✓ ✓
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12	✓ ✓ ✓
13	✓ ✓ ✓
14	✓ ✓ ✓
15	✓ ✓ ✓
16	✓ ✓ ✓
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23	✓ ✓ ✓
24	✓ ✓ ✓
25	✓ ✓ ✓
26	✓ ✓ ✓
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28	✓ ✓ ✓
29	✓ ✓ ✓
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31	✓ ✓ ✓
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33	✓ ✓ ✓
34	✓ ✓ ✓
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39	✓ ✓
40	✓ ✓
41	✓ ✓
42	✓ ✓
43	✓ ✓
44	✓ ✓
45	✓ ✓
46	✓ ✓
47	✓ ✓
48	✓ ✓
49	✓ ✓
50	✓

Claim	Date
Final	12/13/00
Original	12/13/00
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Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions
staple additional sheet here

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